

**PUBLIC RECORDS (APRA) REQUEST
CITY OF SOUTH BEND**

Name of Requesting Party: <div style="text-align: center; font-size: 1.2em;">Ava Sasani</div>			
Address: 411A Highland Ave		City: Somerville	State: MA
Zip: 02144-2516			
Telephone: 7819410829	Date of Request: 7/25/2019	Time of Request: 10:55 AM	Submitted (check one): <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Mail, Email or Facsimile
Email of Requesting Party: 77929-03432021@requests.muckrock.com		Signature of Requesting Party: Ava Sasani	
Name of Department having records, if known (i.e. Police, Building, Fire/EMS, Public Works): Code Enforcement			
Records Requested. Please be specific. Use the back of form if additional space is needed. Pursuant to the Indiana Access to Public Records Act, I hereby request the following records: I am looking for information about the Mayor Pete's 1,000 homes in 1,000 days initiative. https://www.huduser.gov/portal/pdredge/pdr-edge-inpractice-011116.html As mentioned in the above			
Check one: I request to <input checked="" type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			
Check one: I request to receive my records by <input type="checkbox"/> in-person pick-up; or <input type="checkbox"/> REGULAR MAIL; or <input checked="" type="checkbox"/> EMAIL; or <input type="checkbox"/> FAX			

***** SUBMIT REQUESTS TO THE LEGAL DEPARTMENT (apra@southbendin.gov) *****

CITY OF SOUTH BEND USE ONLY

Request Received By:	Department:	Date and Time Received:
Acknowledged Receipt: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
Department Comments: 		
ATTORNEY DECISION		
INFORMATION IS _____ DISCLOSABLE INFORMATION IS NOT DISCLOSABLE _____		
Attorney Comments and Instructions: _____ 		
Attorney Signature: _____		Date of Decision: _____
Letter sent (Date): _____	Decision Sent To: _____	Date: _____ By: _____
Informed requesting Party that information is _____ DISCRETIONARY DISCLOSURE or _____ NON-DISCLOSABLE		
Date: _____	Signature: _____	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email